STATE OF IOWA

IOWA DEPARTMENT OF PUBLIC HEALTH TATTOO ARTIST/ESTABLISHMENT COMPLAINT FORM

Please send reply to: lowa Department of Public Healt	·h	Comp	Complaint #	
Division of Environmental Health		gram		
321 E. 12 th Street	., ruttoo r ro	5		
Des Moines, IA 50319-0075				
	RSON REGIS	PLAINT	Provide all information	
Name:				Home Phone:
				()
Address:				Alternate Phone:
				()
City:	State:	County:		Zip Code:
COMPLAINT REGISTERED AGAINST				
Name:				
Establishment name:				
Address:				Phone:
City:	State	County		Zip Code
DETAILS OF COMPLAINT				
1) Have you complained to the individual or 3) Have you complained to any other organizations?				
establishment?			Yes () No ()	
Yes () No ()			Who:	
When:	_		When:	
How: Telephone () Letter () Other () (please explain)			How: Telephone () Letter () Other () (please explain)	
			Did thou recognid? Ves () No ()	
2) Did the individual or establish		<u>ـــــ</u>	Did they respond? Yes () No ()	
2) Did the individual or establishing Yes () No ()	ment respond	ur	If yes, action taken	
Yes () No () If yes, action taken:			ii yes, action taken	
ii yes, action taken				
Briefly state your complaint being	g as specific a	s possible.	l	
z, state year complaint some	, ao op coo a			
Signature:Date:				
State law and federal regulations stipulate that all inspection reports, including complaints, are public information and				

may be disclosed if requested